

E. State Agency Coordination

RELATIONSHIP WITH MENTAL HEALTH

/2003/ Title V MCH/CSHCN Program staff are becoming involved in the areas of infant mental health and with a statewide mental health anti-stigma campaign. Work to address the mental health of children and families during times of war and terrorism continues as well. //2003//

/2004/ The MHTAC, led by the new DDES, Bureau of Mental Health and Substance Abuse Services, is working on implementing a comprehensive plan to assist adolescents with severe emotional and/or brain disorders successfully transition to the adult mental health services they need. The Regional CSHCN Centers are listed on their updated Resource list. Since postpartum depression affects approximately 10-15% of all women who give birth, the Title V MCH/CSHCN Program will continue to support efforts to promote education and screening for perinatal depression. //2004//

/2005/ A draft of Wisconsin's Infant Mental Health Plan was completed in January 2004. An implementation committee and workgroups formed to focus on the following topics: child welfare and Birth to 3, providers of mental health services to children under age five, public awareness and community readiness, and current infant and early childhood mental health training. The Governor's "KidsFirst" plan calls for implementing the recommendations of the Infant and Early Childhood Mental Health Plan. The ECCS grant will link closely with implementation and workgroup activities.

Work with WUMH continues. As part of a subcommittee of WUMH, MCH staff are involved with an effort on stigma reduction targeting school administrators. //2005//

RELATIONSHIP WITH SOCIAL SERVICES AND CHILD WELFARE - Title V MCH/CSHCN Program works closely with DCFS, the state agency responsible for the child welfare and regulation and licensing of child care programs. DCFS carries out the activities of the Abstinence only funds, through a Memorandum of Agreement (MOA) with DPH.

/2003/ No significant change. //2003//

/2004/ See POCAN and Milwaukee Family Project (MFP) TOP Updates below. //2004//

/2005/ As of October 5, 2003, the MCH program in DPH reassumed fiscal and program responsibility of Abstinence grant activities.

An infant mental health workgroup was established to develop recommendations and strategies on how to infuse the principles and practices of Early Childhood Mental Health (Birth to 5) into the Child Welfare and Early Intervention systems (Wisconsin's Birth to 3 program) so to address the Child Abuse Prevention and Treatment Act (CAPTA) requirements for substantiated cases of child abuse and neglect. This workgroup will identify best practices and make recommendations to DDES for establishing referrals and service delivery, assessment of social and emotional development; establishing a process for determining eligibility to Birth to 3 services; and determining a process for referrals outside of the Birth to 3 System and/or back to the Child Welfare System.

//2005//

POCAN - Home Visiting for At-Risk Families - Since January 1, 1999 ten demonstration projects (six rural counties, three urban counties, and one Indian Tribe) have provided services for 1997 Wisconsin Act 293, the Wisconsin Child Abuse and Neglect Program (POCAN). The POCAN program provides \$995,700 of state GPR for a program that highlights home visiting to first-time parents eligible for Medicaid, and a flexible fund for those receiving home visitation services.

POCAN legislation also requires an evaluation be done of specific outcomes. Long-term outcomes are: number of substantiated reports of child abuse and neglect, number of emergency room visits for injuries to children, number of out-of-home placements of children, immunization rates of children, number of HealthCheck (EPSDT) services provided to children, and other items that DHFS feels are appropriate. DHFS, OSF is conducting the evaluation. Data will be collected on all clients enrolled in the program on or after July 1, 1999, and will be ongoing. However, a focus of the evaluation will be outcomes of 238 clients enrolled from July 1, 1999 through June 30, 2000. Preliminary description of these families is that 98% have a primary care physician for their child, 93% are up-to-date with immunizations and 94% are involved in the WIC program.

/2003/ The evaluation is following 236 clients until June 30, 2002.

In June of 2000, Parents Plus of WI, a statewide initiative to provide TA to schools and community organizations, received funding from the Child Abuse Prevention (CAP) Fund in Milwaukee to hold a series of meetings on home visitation outcomes. The goal was to determine core outcomes for all home visiting programs in Wisconsin and garner agreement from program representatives, including representatives from MCH, that all programs would collect core data to determine state impact of home visiting programs. Staff of Greater United Way of Milwaukee facilitated the work using the Logic Model: a process of planning and developing 18 outcomes (short, intermediate, and long-term) for home visiting programs. //2003//

/2004/ The POCAN home-visiting evaluation will be forwarded to the legislature early June 2003. Program expansion is contingent upon additional resources during a tight state budget. Parent's Plus has completed a training plan and curriculum for their statewide initiative for families of young children, The Home Visitation Outcomes Project of Wisconsin. Outcomes that will be measured include parent-child interaction, child health, development and safety, and family connections to community resources. The project will partner with the Title V MCH/CSHCN Program to use the redesigned data system, SPHERE, to collect and report outcome data elements. An executive committee has been constituted to pursue grant funds for implementation of the training for standardized program evaluation. //2004//

/2005/ Governor Doyle supports an array of supportive services for at-risk families from home visits to family resource centers to referrals to health care and child care. A Governor's Summit on Child Abuse and Neglect Prevention convened on April 29 and 30, 2004 to plan a state family support system. Release of the POCAN evaluation and any plans for expansion to other counties in the state are on hold pending determination of budget and prevention priorities. //2005//

Milwaukee Child Care Coordination Project (Milwaukee Family Project [MFP] and Target On Prevention

[TOP] - A pilot project, TOP, focuses on an inner city area of Milwaukee with the highest incidence of child welfare cases. This pilot provides enhanced home visitation and family support services to all first time parents in this welfare region.

/2003/ TOP program process has been systematized. //2003//

/2004/ No significant update. //2004//

/2005/ Improvements in the TOP program that better reflect a comprehensive, long-term home visiting program are planned with input from DHFS program review staff and from the results of the TOP program evaluation report that is expected late summer 2004. //2005//

The Wisconsin Plan to Prevent Adolescent Pregnancy (formerly known as *Brighter Futures*) and its Implementation Plan were developed to provide the leadership to reduce adolescent pregnancy in Wisconsin. The overall vision is to ensure that every Wisconsin child has the opportunity to grow into a healthy, resilient and self-supporting adult. This includes the right to have a healthy family, a supportive community, a quality education and the opportunity to view him or herself as a valuable person.

The Implementation Plan Workgroups (Schools and Education, Community, Government, Health Care Community, Subsequent Pregnancy Prevention, and Child Abuse and Neglect) developed a *Taking Action* promotional brochure and continue to meet to review progress on the recommendations and to report to the APPC. Detailed information is available at www.dhfs.state.wi.us/Children/pregnancyplan/index.htm.

/2003/ No significant update. //2003//

/2004/ Milwaukee and Green Bay were successful in bringing the Children of Children exhibit to their communities. The Wisconsin Resources for Teen Parents packet can be found at www.dpi.state.wi.us/dpi/dlsea/sspw/teenpar.html. The seventh annual Pathways to Teen Pregnancy Prevention and Intervention Conference is scheduled for July 30 and 31, 2003. The WEAP is forming a Youth Abstinence Commission. The APPC and workgroup members met early 2003 to set a new reduction goal and to determine short and long term strategies to continue plan implementation. //2004//

/2005/ APPC has set two new goals: Decrease the percentage of Wisconsin youth who have had sexual intercourse by 39% in 2001 to 30% by 2010 and increase the percentage who will choose consistent and correct use of contraception from 76% in 2001 to 87% in 2010. Seven subcommittees have been established to work on these measurable goals. They are: Networking; Resources; Training, Curriculum and Education; Awareness; Community Response Teams; APPC Oversight; and Health Care. //2005//

RELATIONSHIP WITH EDUCATION

/2004/ Department of Public Instructions (DPI) - We have a strong relationship with DPI working on adolescent pregnancy prevention, HIV-AIDS, CSHP, nutrition and physical activity, mental health, suicide and other injury prevention, Youth Risk Behavior Survey (YRBS), occupational health, early childhood, and others. For example, DPH and DPI staff serve together on a number of committees, including the Adolescent Pregnancy Prevention and

Pregnancy Services (APPPS) Board, APPC, WAIY, WINPAW, MHTAC, Suicide Prevention Initiative (SPI), Youth Work Injury Prevention, and Action for Healthy Kids. Additionally, an advisory committee is working on the development of a HIV/AIDS school policy tool kit to increase the number of Wisconsin Schools implementing scientifically and legally based comprehensive policies and procedures on HIV/AIDS. The Title V MCH/CSHCN Program coordinates and advises the Wisconsin Statewide Parent-Educator Initiative led by the DPI. The vision of this statewide initiative is to develop a network of parents, schools, agencies, and organizations that enable all parents of children with disabilities to participate meaningfully and equally in the education of their children. //2004//

/2005/ The School HIV/AIDS Policy Tool Kit was released in December 2003. Copy can be obtained at <http://www.dpi.state.wi.us/dlsea/sspw/hivaidptk.html>. With supplemental funding received through DPIs cooperative agreement with the CDC-DASH, a steering committee was developed to work on strengthening communication, coordination, and collaboration (CCC) among state-level agencies to improve sexual risk behavior prevention for school-age youth. A survey was conducted and the start of a web-based resource guide was produced. Some of the steering committee members are presently planning an Adolescent Sexual Risk Behavior Prevention Institute scheduled for August. Additionally, Wisconsin had lost and now recently regained funding for the CSHP. //2005//

RELATIONSHIP WITH CHILD CARE

Efforts continued during 2000 to strengthen the collaboration between the Title V MCH/CSHCN Program and the provision of safe and healthy child care in Wisconsin through the “Partners for Healthy Child Care” (PHCC) grant. This three-year Health Systems Development in Child Care grant was received by Wisconsin in June 2000 and supports a 1.0 FTE Project Coordinator position with the Wisconsin Child Care Improvement Project (WCCIP).

/2003/ PHCC regularly convenes a statewide group of Child Care Health Consultants (CCHCs) since May 2001.

MCH staff are involved with other early childhood state initiatives: the National Governor’s Association (NGA) Workgroup to build public and political will for early childhood care and education; Head Start Collaboration Advisory Committee; Wisconsin Early Childhood Collaborating Partners; and *Think Big. Start Small* public awareness campaign action team. Twenty-four LPHDs receive MCH funds to provide health consultation and TA to child care agencies in their jurisdictions. //2003//

/2004/ The CCHCs will use the SPHERE data system to collect activity data in 2003. The PHCC transition activities were written into the state ECCS grant that we submitted this spring. In 2003, twenty-six LPHDs were funded to provide services to child care agencies. //2004//

/2005/ The Governor’s “KidsFirst” plan includes a proposal to improve the quality of child care by: 1) rating child care settings, and 2) informing parents of these ratings so they can make informed choices when making child care decisions. A task force is being formed by the DWD, Office of Child Care to explore both quality indicators and tiered reimbursement. DHFS personnel, including MCH, will participate as part of the staff for this task force. The ECCS coordinator was hired several months into the planning grant and has re-established contacts with the early care and education community. Key partners in these components, as well as leaders in the two Wisconsin HCCA

grant areas, are closely involved in ECCS planning process. ECCS is committed to building on the HCCA grants - supporting and enhancing health consultation in child care settings - as the HCCA federal funding is winding down. //2005//

RELATIONSHIP WITH CORRECTIONS

/2004/ See discussion under “Healthy Start Collaboration” in this Section. //2004//

//2005/ See Milwaukee Healthy Beginnings. //2005//

RELATIONSHIP WITH MEDICAID AND CHIP (BADGERCARE)

See Badger and CHIP discussion under “Overview”, in this Section.

Medicaid Targeted Case Management - The Title V MCH/CSHCN Program continues to support LPHDs in their efforts to assure that Medicaid targeted case management services are available to meet the needs of families and other vulnerable population groups in Wisconsin. LPHDs serve many Medicaid eligible groups, such as families who have a child at risk of physical, mental, or emotional dysfunction. Wisconsin Act 293 requires programs providing home visiting services for this population, to bill Medicaid for the federal share of the service that meets Medicaid targeted case management program requirements. Additional activities of the Regional CSHCN Centers also will assist LPHDs build capacity to provide Medicaid case management services.

/2003/ No significant changes. //2003//

/2004/ Medicaid targeted case management handbook was updated and released in March 2003. At least two training events, directed to LPHDs and other private agencies of case management services for families at risk, are planned in cooperation with the WI Medicaid program to increase capacity of providers who deliver services to maternal and child health populations including CSHCN. //2004//

//2005/ In collaboration with Medicaid, the BFCH held five DPH regional trainings held on Medicaid case management programs in March and April 2004 with over 250 in attendance. Evaluations rated sessions generally as ‘very good’. The plan during 2005 include providing individual technical assistance on case management for LPHDs that request specific assistance to initiate or improve their case management programs and billing of Medicaid. //2005//

Prenatal Care Coordination (PNCC) - The Wisconsin PNCC Program has continued as an example of a successful collaboration between State Title V MCH/CSHCN Program and State Title XIX. The program provides the coordinated delivery of nonmedical services such as individualized psychosocial support, health education, and nutrition counseling that help to eliminate barriers to obtaining prenatal care, promote a healthy birth and develop a foundation for a healthy family. PNCC services are available in all counties. Title V staff also participated in the revision of the Medicaid Handbook for PNCC services. As a result, “provision of services by culturally competent staff” and “provision of services that are family centered” are now included as required PNCC audit guidelines.

/2003/ During July 2000-June 2001, 8,458 women received PNCC services, representing a decrease in services from the previous fiscal year of 9,242. Data was compiled on PNCC participation among pregnant women enrolled

in WIC and Medicaid at the state, county, and local level. The data identified an opportunity to increase PNCC services through stronger linkages with local WIC projects. //2003//

/2004/ In SFY 2002, 8,583 women received services from 98 PNCC providers. The Title V MCH/CSHCN Program is working with DHCF to revise the tool used to determine PNCC eligibility and assess needs. This tool will be strength-based, coordinated with WIC, and allow for data collection with the SPHERE. //2004//

/2005/ The Title V MCH/CSHCN Program staff collaborated with DHCF to draft a revised PNCC initial assessment tool to determine program eligibility and identify strengths and needs. The revised Pregnancy Questionnaire allows for data collection in SPHERE and offers a strength-based approach, fewer questions, options for more in-depth questions at a later time, and a simplified process for determining program eligibility. A pilot project is underway to test the revised Pregnancy Questionnaire. Sixteen pilot sites were recruited and oriented to the revised assessment tool and process for determining eligibility for PNCC, additional assessments that may be indicated, and evaluation of the pilot. Approximately 100 women will be assessed using both the current and the revised Pregnancy Questionnaire and risk assessment scores will be compared. Pilot sites will provide feedback on questions to add, delete or change. Suggestions will be incorporated into a final version of the assessment tool and statewide implementation will follow.

Title V MCH/CSHCN staff also collaborated with DHCF to provide regional Case Management Training Sessions. The educational sessions were held in five areas of the state and received positive evaluations. The agenda included: 1) an overview of case management programs in Medicaid, 2) data collection in SPHERE, 3) implementing services, 4) strengthening PNCC services, 5) strengthening targeted case management services, and 6) billing. In addition, the Divisions are working together to explore incentives for healthy birth outcomes. //2005//

/2004/ **Family Planning Waiver** - Collaboration and coordination between the MCH-Family Planning Program and the Medicaid Program has occurred at several key integration points throughout planning and implementation of the FPW. MCH Program staff participated in the Medicaid Program Waiver Workgroup. The Medicaid Program and the MCH Program have coordinated planning and implementation through a Waiver Task Force consisting of publicly-supported family planning providers and other stakeholders in Wisconsin. The Medicaid Program and the MCH Program have relied on the MCH-Family Planning Program Training and Continuing Education contractor HCET to coordinate and/or provide training and technical support activities with Waiver providers. Implementation of the FPW is one of DHFSs stated priorities toward increasing access to basic health services for women in Wisconsin. //2004//

/2005/ Implementation continues. //2005//

RELATIONSHIP WITH SSA, VOC REHAB, AND DISABILITY DETERMINATION

/2004/ The Social Security Administration (SSA) contracts with the Disability Determination Bureau (DDB) to notify the Title V MCH/CSHCN Program each month regarding all new child applicants for SSI under age 16, as well as those who are having their eligibility reviewed. During 2003, each Regional CSHCN Center will outreach to the SSA offices in their region. The Southern Regional CSHCN Center, in conjunction with their Healthy and

Ready to Work (HRTW) grant, are collaborating with SSA and DDB representatives on a model application process that will streamline the paperwork. //2004//

/2005/ The streamlined application developed collaboratively by SSA and Wisconsin HRTW Project is being piloted. The CSHCN Regional Centers continue to outreach to SSA offices. The CSHCN State Program continues to receive, from SSA, names of child SSI applicants, and responds with informational letter and pamphlets to the family. //2005//

RELATIONSHIP WITH AODA

/2004/ See discussion under “Relationship with Mental Health” and “Healthy Start Collaboration” in this Section, and under State Performance Measure #4 in Section IV. //2004//

/2005/ No significant changes. //2005//

RELATIONSHIP WITH FEDERALLY QUALIFIED HEALTH CENTERS

/2004/ Implementation of the Medicaid FPW has created an opportunity for the MCH-Family Planning Program to work collaboratively with FQHCs to promote access to contraceptive services and primary care services. A standing committee has been formed to address these issues. All FQHCs will receive an invitation to the perinatal summit. //2004//

/2005/ Collaboration with FQHCs continues to be an ongoing action of the FPW Taskforce. //2005//

RELATIONSHIP WITH PRIMARY CARE ASSOCIATIONS

Primary Care and Area Health Education Center (AHEC) - Under the direction of the Title V MCH/CSHCN Program Director, Primary Care and Title V MCH/CSHCN Program (both located within DPH) have instituted a regular meeting schedule to facilitate integration of services targeted to the MCH population. The focused approach from DPH has strengthened the inclusion of AHEC as a DPH partner.

/2003/ No significant changes. //2003//

/2004/ No significant changes. //2004//

/2005/ No significant changes. //2005//

RELATIONSHIP WITH TERTIARY CARE FACILITIES

/2004/ See discussion of Perinatal Centers under National Performance Measure #17 in Section IV. //2004//

/2005/ No significant changes. //2005//

RELATIONSHIP WITH PUBLIC HEALTH, HEALTH PROFESSIONAL EDUCATIONAL PROGRAMS, AND UNIVERSITIES

University of Wisconsin Schools of Medicine, Nursing and Population Health - Over the past several years, Title V MCH/CSHCN Program in Wisconsin has developed a relationship between the University of Wisconsin Schools of Medicine and Nursing, and recently, with the School of Population Health. In addition, the Title V MCH/CSHCN Program CMO gives pediatric Grand Rounds every year at the Department of Pediatrics. We will continue to explore these opportunities to further enhance our capacity to address MCH in Wisconsin.

/2003/ No significant update. //2003//

/2004/ No significant changes. //2004//

/2005/ No significant changes. //2005//

COORDINATION OF TITLE V MCH/CSHCN PROGRAM WITH EPSDT, WIC, RELATED PROGRAMS, TITLE XIX

Title V MCH/CSHCN Program, Title XIX, and the State WIC programs agree to establish cooperative and collaborative relationships, including workgroups and periodic meetings, with respect to the pertinent programs and services.

Title V MCH/CSHCN Program, WIC, Medicaid, CHIP, and Disability Determination Programs - MOU

between DPH and DHCF outlines comprehensive coordination between a number of state level programs.

Medicaid Managed Care Expansion - Efforts have been taken to develop an important, system link between Wisconsin's public health system and Medicaid managed care system consistent with the mission of public health and the core functions of public health assessment, assurance and policy development.

/2003/ No significant changes, as there have been no changes in the MOU. //2003//

/2004/ No significant changes. //2004//

/2005/ No significant changes. //2005//

Wisconsin's Title V MCH/CSHCN Program - The CSHCN Program and Title XIX continue coordination and cooperation efforts through established mechanisms including electronic data exchange and other data exchange for administration, evaluation and analysis.

/2003/ The CSHCN Program and Regional CSHCN Centers continue to work with the Title XIX (Medicaid) Program to strengthen the capacity of LPHDs to provide Targeted Case Management for children with special health care needs. //2003//

/2004/ The CSHCN Program meets monthly with representatives with the Bureau of Developmental Disabilities Services(BDDS) and Medicaid. //2004//

/2005/ Training to LPHDs in the late winter of 2004 enhanced their capacity to provide Targeted Case Management services to children with special health care needs. A follow up training in the fall will again include information related to CSHCN and be planned in partnership with Title XIX. //2005//

HealthCheck (EPSDT) - The purpose of HealthCheck is to provide comprehensive preventive services, to identify health problems early and to assure coordinated follow-up services to Medicaid children and youth birth to 21 years of age.

/2003/ Since BadgerCare began in July 1999, the number of children eligible for HealthCheck has increased by 80,000 recipients. Title XIX staff invited Title V MCH/CSHCN Program staff to assist with the review and revision of the HealthCheck handbook. //2003//

/2004/ The numbers of children eligible for HealthCheck by virtue of enrollment into Medicaid or BadgerCare continues to grow. More than 150,000 additional children have received Medicaid or BadgerCare since BadgerCare's advent in 1999. //2004//

//2005/ No significant changes. //2005//

Medicaid Applicant Identification and Assistance - Wisconsin Title V MCH/CSHCN Program, Title XIX, and WIC Programs agree to collaborate on programs and services to identify pregnant women and children who may be eligible for Medicaid and once identified, to assist them in applying for such assistance.

/2004/ On July 1, 2001, a simplified application process took effect for the Wisconsin Medicaid program. Applicants can now apply by mail, phone, or in person. There is a new, streamlined two-page application to use. Verification requirements have also been streamlined. For example, applicants can "self-declare" income without submitting further documentation. This change occurred after studies found that the vast majority of pregnant women applying for Medicaid were, indeed, eligible. In addition, there are approximately 25 formal outstationed application sites operating in Wisconsin. //2004//

//2005/ No significant changes. //2005//

TOLL-FREE TELEPHONE NUMBERS

The MCH Hotline, Medicaid Recipient Hotline, and CSHCN Hotline are maintained.

/2003/ No significant change. //2003//

/2004/ Increased efforts to promote family planning services and the Food Stamp Program through the hotline are underway. //2004//

//2005/ No significant changes. //2005//

COORDINATION WITH FAMILY LEADERSHIP AND SUPPORT

/2003/ Families provide leadership in the development of parent-to-parent support networks in the Regional CSHCN Centers. //2003//

/2004/ The Title V MCH/CSHCN Program Parent Consultant continues to provide leadership, coordinate with family support programs and assure that families are involved in leadership activities. In addition, family leaders are involved in many initiatives within the Title V MCH/CSHCN Program including activities of the UNHS Program, Birth Defects Surveillance System, NBS Program, and MCH Advisory Committee. //2004//

//2005/ The Title V Parent Consultant continues to provide leadership to families and, in particular, to parent partners involved in the Wisconsin Medical Home Initiative. In addition, Wisconsin Family Voices received a CMS grant to establish a Family to Family Health Information Center in 2003. The CSHCN Program has been an active partner in the developing, planning and implementation of activities occurring for families. //2005//